

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1962

-62-034278

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 191VS 300  
Rev. 4/59

10365

20365

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>		c. CITY OR TOWN <u>Washington</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Francis Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>1 W. Fourth St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Robert John</u> Middle <u>Craig</u> Last <u>Craig</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>14</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/26/1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Emp.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. R.R.</u>	
11a. BIRTHPLACE (City and state of country) <u>New Haven Mo.</u>		11b. BIRTHPLACE (City and state of country) <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Robert Craig</u>		13b. MOTHER'S MAIDEN NAME <u>Mary D. Wolding</u>	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>No</u>		17. INFORMANT <u>Mrs. Matty F. Craig, Washington, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart failure &amp; decomposition</u> DUE TO (b) <u>Chronic atherosclerotic myocarditis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>Jan 1961</u> to <u>Sept. 14, 62</u> and last saw him alive on <u>Sept. 13, 62</u> Death occurred at <u>12:55 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Washington Mo.</u>	
22c. DATE SIGNED <u>9/14/62</u>		22d. ADDRESS <u>Washington Mo.</u>	
23a. REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>Sept 16, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Washington Missouri</u>		23e. LOCATION (City, town, or county) <u>Washington Missouri</u>	
24. FUNERAL DIRECTOR <u>Dieburg &amp; Co. Inc. Washington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9/15/62</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
FOR  
TYPEWRITER RIBBON

OCT 4 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.